

Application Data Sheet**Application Information**

Application Number::

Filing Date::

Application Type::

US National Phase

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

Title::

**METHOD AND DEVICE FOR THE
GENERATION OF SPECIFIC ELEMENTS OF AN
IMAGE AND METHOD AND DEVICE FOR THE
GENERATION OF OVERALL IMAGES
COMPRISING SAID SPECIFIC ELEMENTS**

Attorney Docket Number::

4590-486

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

2**Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

France

Status::

Full Capacity

Given Name::

Henri

Middle Name::

FOUSSE

Family Name::

FOUSSE

Name Suffix::

City of Residence::

Nogent Sur Marne

State or Province of Residence::

Country of Residence::

France

Street of Mailing Address::

7 Rue Marcelle

City of Mailing Address::

Nogent Sur Marne

Postal or Zip Code::

94130

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status:: **Full Capacity**
Given Name:: **Yann**
Middle Name::
Family Name:: **MENGUY**
Name Suffix::
City of Residence:: **Paris**
State or Province of Residence::
Country of Residence:: **France**
Street of Mailing Address:: **1 Rue Du Commandant Guilbaud**
City of Mailing Address:: **Paris**
Postal or Zip Code:: **75016**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status:: **Full Capacity**
Given Name:: **Dominique**
Middle Name::
Family Name:: **Pierre**
Name Suffix::
City of Residence:: **Jouy Le Moutier**
State or Province of Residence::
Country of Residence:: **France**
Street of Mailing Address:: **15 Rue Des Marleines**
City of Mailing Address:: **Jouy Le Moutier**
Postal or Zip Code:: **95280**

Correspondence Information

Correspondence Customer No:: **33308**
Phone Number:: **(703) 684-1111**
Fax Number:: **(703) 518-5499**
E-Mail Address:: **docketing@ipfirm.com**

Representative Information

Representative Customer Number::

Representative Designation::	Registration Number::	Representative Name::
<i>Primary</i>	37,093	<i>Kenneth M. Berner</i>
<i>Primary</i>	37,093	<i>Kenneth M. Berner</i>
<i>Primary or Associate</i>		

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	03/09910	August 13, 2003	Yes

Assignee Information

Assignee Name:: **THALES**
Street of Mailing Address:: **45 rue de Villiers**
City of Mailing Address:: **Neuilly Sur Seine**
State of Mailing Address::
Country of Mailing Address:: **France**
Postal or Zip Code:: **92200**